

Debtor	_____
United States Bankruptcy Court for the District of Delaware	
Case number	_____

## Claim Withdrawal Form

<b>Part 1:</b>	<b>Identify the Claim</b>
<b>Creditor Name and Address:</b>	Name _____
	Number _____ Street _____
	City _____ State _____ Zip Code _____
	Country _____
	Contact phone _____
	Contact email _____
<b>Claim Number (if known):</b>	_____
<b>Date Claim Filed:</b>	_____ (mm/dd/yyyy)
<b>Total Amount of Claim Filed:</b>	\$ _____

<b>Part 2:</b>	<b>Sign Below</b>
<b>The person completing this form must sign and date it.</b>	I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above referenced Debtor.
	Executed on date _____ (mm/dd/yyyy)
	Signature _____
	Print Name _____
	Title (if applicable) _____

## DEFINITIONS

### **Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

### **Creditor**

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

### **Proof of Claim**

A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

**Completed forms can be returned via mail to the address below:**

**Fisker Inc. Claims Processing Center  
c/o KCC dba Verita  
222 N Pacific Coast Highway, Suite 300  
El Segundo, CA 90245**

**Alternatively, completed forms can be returned via email to [fiskerinfo@veritaglobal.com](mailto:fiskerinfo@veritaglobal.com).**